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DESIGN INFO SHEET

If you provide the following information, we can give you a design cut sheet for your application and water quality calculations based on your jurisdiction. *(Most of the data requested below can be found on your pipe chart; specifically, for the pipe flowing to the CST water quality device.)*

<p>SITE DESCRIPTION (Developed): _____</p> <p>SITE ADDRESS: _____</p> <p><u>CONTRIBUTING AREAS</u> (Flowing in pipe to Water Quality Unit)</p> <p>ON-SITE AREA: (Total to WQ Unit) = _____ ACRES</p> <p style="padding-left: 20px;">IMPERVIOUS = _____ ACRES OR _____ % OR _____ RAT. C (PICK ONE)</p> <p>OFF-SITE AREA: (Total To WQ Unit) = _____ ACRES</p> <p style="padding-left: 20px;">To Be Treated? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 20px;">IMPERVIOUS = _____ ACRES OR _____ % OR _____ RAT. C (PICK ONE)</p> <p>PIPE IN SIZE _____ TYPE _____ SLOPE _____ (EX. 18" CMP @ 1.50%)</p> <p>PIPE OUT SIZE _____ TYPE _____ SLOPE _____ (EX. 18" CMP @ 1.50%)</p> <p>PIPE INVERT INTO DEVICE: _____ PIPE INVERT OUT: _____ (SEE NOTE)</p>	<p>DATE _____</p> <p>ENGINEER'S UNIT DESIGNATION _____</p> <p>SURFACE TYPE:</p> <p><input type="checkbox"/> TRAFFIC</p> <p><input type="checkbox"/> NON-TRAFFIC</p> <hr/> <p>SURFACE ELEVATION AT DEVICE (RIM): _____</p> <p>UNIT LOCATED BELOW POND:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>UNIT CONFIGURATION _____ (SEE CST ENGINEERING NOTES)</p>
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NOTE: Site descriptions can help us lower your treatment flow rates, and the lower your percentage of impervious, the lower your water quality flow requirement will be in most areas. A sketch with some pipe slope information can let us set an invert in, if you are not sure of that parameter. Invert out of our device will normally be 0.10 or 0.20 feet below the invert in. We can make this less, if your pipe slopes are < 1 percent, but larger drops disrupt the treatment process.

Calculated Maximum flow in pipe to WQ unit: _____ cfs in _____ year storm. Method – RAT , SCS

Water Quality Rule: _____ Flow (if specified): _____

Review Agency (City/County, State or other) _____

NOTE: Maximum flow is from your pipe chart, such as, "25-year peak flow is 10.3 cfs." We will research the exact water quality flow standard for your jurisdiction and state; if a "generic" specification, such as a, "1 inch first flush" depth standard is utilized.

Design Firm _____ Contact: _____

Phone: _____ Fax: _____

Email: _____

Engineer's Job Name: _____

Engineer's Job Number: _____ Engineer's AutoCAD version _____

Note: We will email you a drawing file of your site-specific design and your site calculations if you provide an email address; otherwise, we will fax the data. Any important information you can add, such as details on receiving waters, etc. will help us provide you with a more powerful presentation to your local jurisdiction. Visit www.crystalstream.com for more details.

Sending a "PDF" or "DWG" file can facilitate design. Email or fax pertinent information to: engineering@crystalstream.com. Normal turnaround is 2 to 10 business days. Please call us if you have a deadline date to meet.